FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed | 9 AM | 1:02

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM TOR 20unTu DR-2 IMPORTANT: Indicate by # type of committee you are reporting for: 5 DISCLOSURE (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (Rev. 12/2009) REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only Comm. # CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Chris Scanned EMOCRA Computer Office Sought District (if Senate or House) Audited REASUrer Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 319-795-3216 5-18-14 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # / ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held EE STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE (Rev. 12/13)

MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) EE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	7 15
RECEIVED	(if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE*	RECEIVED	√ IF FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
2/ /		Claudia Rose	Sister	(60)	INCOME
2/25/14		HII Blod Rd	Dister	\$ 50.00	
114	CK#	KECKUK, IA 52632			
2/ (ID#		FRIEND	CO	
2/25/14		MARGE Mitchell	TRIEND	100.00	
117	CK#	KEOKUK, IOWA 52632			
9/ /	ID#	Bill Mitchell	FRIEND	00	
2/25/14	CK#	916 GRAND AUE	INIEND	100.00	
117	Chi	KEOKUK, IA 52632			
2/ /	1D#	NANCY Follino	FRIEND	50,00	
3/8/14	CK#	1628 PALEAD ST	1 101 1 1 1	34	
	OT CIT	KEOKUK, IA 52632			
3/12/14	ID#	ALAN NELSON	FRIEND	75.00	
1/2/14	CK#	2114 JOHNSON STRD			
	- Net garageons	KEOKUK, IA 52632			
3/12/14	ID#	Rober Houston	FRIEND	20.00	
10/14	CK#	303 Blud Rd			
	15.4	KEOKUK, IA 52632			
3/12/14	ID#	TOM FARNSWORTH	FRIEND	100.00	
112/14	CK#	212 WAShington St.			
	ID#	KEOKUK, IA 52632			
3/12/14	10#	NANCY Follo	FRIEND	100,00	
10114	CK#	1628 PALEAN			
	ID#	KEOKUK, IA 52632			
3/12/14		Pat Hogar 1928 Timed St	FRIEND	50,00	
1714	CK#	928 Timea ST			
n/ :	ID#	KEOKUK, TA 52632	EN = :=	10000	
3/12/14		ELIZABETH McDowell Wistz LANE	FRIEND	100.00	
114	CK#				
		REOKUK, IA 52632	CUD TOTAL		
			SUB-TOTAL	\$745	
		TOTAL (if last page	of this schedule)	717:31	
			-,	•	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no applicable in the relationship column.

Page (for Schedule A)

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

SCHEDULE	
(Rev. 12/13)	MONETARY RECEIPTS
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Chris Spann for

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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FOR DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DELATION DE	4146	
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK	The state of Contributor	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FUND-
(11111111111111111111111111111111111111	NUMBER		(if applicable)		RAISER
3/.1	ID#	TOM MARION	FRIEND	60	INCOME
3/12/14	CK#	801 HAZEL HURST CIRCLE	FRIENT	\$ 100.	
		KEOKUK, TOWA 52632			
3/12/11	ID#	REBECCA BOWDEN	FRIEND	50.00	
10/14	CK#	2219 LINGOLD AUG	. ,	80.	
	ID#	KEOKUK, IA 52632			
3/12/14	10#	HOWARD SUTLIVE	FRIEND	100.00	
112/14	CK#	211 MORGAN		,00	
	ID#	KEOKUK, IA 52632			
3/12/14		SHARI DUNAGAN 2654 Belmont Rd	FRIEND	30.00	
1-114	CK#				
2/ /	ID#	KEOKUK, TA 52632			
3/12/14	CK#	MELODY BURKE 3022 KOEHLER LANE	FRIEND	30,00	
117	CN#	1			
31.1	ID#	MODTROSE, IA 52639 MRS. WESLEY BROWN	FRIEND	50.00	
3/12/14	CK#	2125 GRAND DROWN	PKIEND	00.	
	500000000000000000000000000000000000000	KEOKUK, IA 52632			
3/12/14	ID#	PANNY ROSE	FRIEND	25.00	
10/14	CK#	314 NAVAHO DR			
	ID#	KEOKUK, IA 52632			
3/12/14		LINDA JAMES	FRIEND	50,00	
10/14	CK#	2388 CARbide LN		001	
	ID#	KEOKUK, TOWA 52632			
3/12/14		MARY JO SMITH	FRIEND	25,00	
114	CK#	1705 GRAND AUE			
	ID#	KEOKUK, TA 52632			
	CK#				
	OTOF				
			SÜB-TOTAL	· min	
				\$ 4.600	
		TOTAL (if last page of	of this schedule)	•	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no Pa applicable' in the relationship column.

Page 2 of 7 familial relationsh

For Instructions, See Back of Form Reset Form | SCHEDULE A MONETARY (Rev. 12/13) RECEIPTS CHECK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FUND- RAISER INCOME
3/12/14	ID# CK#	HANT VALNER 204 NAVAHO DR KEOKUK, IA 52632	FRIEID	\$50,00	
3/12/14	CK#	CASSIE JONES 205 NISTA KEOKUK, IA 52632	FRIEND	30.00	
3/12/14	ID# CK#	STACEY WEBBER 21 GREEN DIEW TERR DONNELSON, IA 52625	FRIEND	20.00	
3/12/14	ID# CK#	HEATHER MCWILLIAM 1312 HIGH KEOKUK, IA 52632	SECIEND	2572	
3/12/14	ID# CK#	BRENDA LEE 108 WASHINGTON KEOKUK, IA 52632	FRIEND	10.00	
3/12/14		LIZ MCDOWELL WIRTZ LANE KEOKUK, TA 52632	FRIEND	25,00	
	ID# CK#	SARA HAWKING 2035 PARKLANE KEOKUK, FA 53632		20,00	
3/12/14	ID# CK#	DOUG KAISOR 2117 PARK LANE KEOKUK, IA 52632		55.00	
3/12/14	ID# CK#	JIM MERRITT 109 LOFTON KEOKUK, JA 52632	FRIEND	20,00	
3/12/14	ID# CK#	JOE FULLER 3064 KOEHLER LANE MONTROSE, IA 52639	FRIEND	100.00	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ 3550	- A Third Command

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Page 3 of 7 familial relationsh

AMENDING FORM

For Instructions,	See	Back	of	Form
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SCHEDULE	
(Rev. 12/13)	MONETARY RECEIPTS
1	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE JOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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FOR DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	ALIGUNE	
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK	- Solitimbulor	TO CANDIDATE*	AMOUNT RECEIVED	√ IF FUND-
(111)	NUMBER		(if applicable)		RAISER
5/1/	ID#	SHIRLEY LEESEN	FRIEND	0,-00	NACOME
11/14	CK#	OVILLAGE CIRCLE		\$ 25.00	
11-1	10.4	KEOKUK, IA 52632			
5/1/14	ID#	GLEN MYER	FRIEND	50,00	
11/14	CK#	917 LEIGHTON	No. 10 to 100 to	90,	
	ID#	KEOKUK, IA 52632			
5/1/14		CHRISTY WOODWORTH	DAUGHTER	100.00	
1114	CK#	315 PARK DR			
-11	ID#	HAMILTON, IL 62341			
5/1/4	CK#	CATHY DYE 3722 250th AOR	FRIEND	20,00	
′ ′	CN#	KEOKUY, TA 52632			
5/1	ID#	BARBARA JOHNSON	FRIEND	FA 00	
5/1/14	CK#	2313 JOHNSON ST ED		50,00	
		KEOKUK, TA 52632			
5/1/14	ID#	SCOTT HALL 2354 340th St.	FRIEND	100.00	
11/14	CK#			100,	
1	ID#	KENKUK, IA 526.32			
5/1/	01//#	PAM HUMBLE	FRIEND	15.00	
1/14	CK#	101 N 17 th HANISTON TI 1-23 41			
5/1	ID#	HAMITTON, IL 62341 DAVID TURNER	FRICAN	10.00	
5/1/14	ск#	DAVID TURNER 2732 MISSISSIPPI RIVER	RATKIEND	50.00	
		DEOKUK TA SZBJA			
5/1/14	ID#	N.J. DASHOLAS	FRIEND	100,00	
11/14	CK#	23 Athens Ave		1001 -	
	ID#	KENKUK, IA 50632			
5/1/		KAREN PETERSEN	FRIEND	100,00	
1114	CK#	S REL AIR		,,	
		KEDKUK, IL 62341			
			SUB-TOTAL	\$ 600.00	
		TOTAL (if last page	of this schedule)	VIETO!	
* Disclosure law rea	uires candidata acomo it	o to displace the set of the		\$	

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(for Schedule A)

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For	Instructions,	See	Back	of	Form
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SCHEDULE	
<b>A</b> (Rev. 12/13)	MONETARY RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN (Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CHECK THIS BOX IF AMENDING FORM

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FOR DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DELATIONOL III	T AMOUNTS	
RECEIVED	(if applicable)	TANGE AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FUND-
(MM/DD/YR)	AND PAC CHECK		(if applicable)	I TEOCIVED	RAISER
	NUMBER				INCOME
5/1/	ID#	DAVID MURRAP 23 98 CARBIDE LN	FRIEND	\$ 25.00	
1114	CK#			\$00.	
, ,		KEOKUK, IA 52632			
5/1	ID#	SARAH VIGEN _	FRIEND	25.00	
11/14	CK#	1328 CONCERTST	1 (0.2.	00.	
// /	CIV#	KEOKUK, IA 52632			
5/1	ID#	MITZ CLIPPERT	FRIEND	25.00	
5/1/11	OICH	2806 WEST ADE	TRIEND	25	
117	CK#	KEDKUK, IA 52632			
F-1 /	ID#	KANDIE MHITE D.	:	7.00	
5/1/14	2.74	3319 Mississippi Rived	FRIEND	20.00	
114	CK#			1	
-1:	1D#	KEOKUK, IA 52632			
5/,/		DOLORES LOFTON	FRIEND	100.00	
1/14	CK#	3267 BROOKShiRE DR			
	ID#	KEOKUK, IA 52632			
5/1/14	IU#	KATHY HAHONEY	FRIEND	20.00	
1114	CK#	Total Control of the			
	ID#	KEOKUK, IA 52632			
5/1/14	10#	BONNIE PFLUG	FRIEND	25.00	
1114	CK#	6 Bel Gir Crt			
	10.11	KEOKUK, IA 52632			
5/1	ID#	CHARLES ABELL	FRIEND	50,00	
11/14	CK#	3646 MIDDLERD		0.	
		KEOKUK, IA 52632			
5/1	ID#	THERESA O'BRIEN	FRIEND	25.00	
5/1/14	CK#	1421 GRAND			
,		KEDKUK, TA 52632			
5/1	ID#	GORDON PETERS	FRIEND	2-00	
11/14	CK#	414 Eicher		25,00	
///	O CAT	KEOKUK, TA 52632			
		1120001 10 0000	SUB-TOTAL		
			OGD-101AL	\$340,00	
		TOTAL (if last page	of this schedule)		
				<b>a</b>	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no applicable" in the relationship column.

(for Schedule A)

Page 5 of 7 familial relationsh

For Instructions, See Back of	For In	structions	, See	Back	of	Form
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A MONETARY RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CHECK THIS BOX IF
AMENDING FORM

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FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUND- RAISER INCOME
5/1/14	ID# CK#	ELLEN NORMAN 310 HILLGREST 1407 Stripe KEOKUK, IA 52632	FRIEND	\$ 100.00	
5/1/14	ID# CK#	MIKE KEARNS 3385 Middle RD KEOKUK, IA 52632	FRIEND	75,00	
5/1/14	ID# CK#	STACIE DICKENS 1629 FRANKLIN KEOKUK, ITA 52632	FRIEND	40,00	
5/1/14	CK#	DEV KIEDAISCH 1025 GRAND AUE KEOKUK, IA 52632	FRIEND	50.00	
5/1/14	CK#	PAT MAHONEY 1708 ORIEANS KEOKUK, IA 52632	FRIEND	25.00	
5/1/4	CK#	SANDY STARK 1323 ORIEANS AUE KEOKUK, TA 52632	FRIEND	25,00	
5/1/14	CK#	LEE CO LABOR COUNCIL 301 BLONDEAY KEOKUK, IA 52632	FRIEND	25,00	
5/1/14	ID# CK#	GARY FOLLUO 1628 FALEAN ST. KEOKUK, IA 52633	FRIEND	100.00	
5/1/14	ID# CK#	KIM PFLUG 14 N OAK DR KEBRUK, IA 52632	FRIEND	200.2	
5/1/14	ID# CK#	SOUTH SIDE BOATUB 625 MISSISSIPPI DR LEDKUK IA 52632	FRIENP	10000	
		TOTAL (if last page	SUB-TOTAL  of this schedule)	\$7.40.00	

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(for Schedule A)

Page _____ of _____ familial relationsh

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For Instructions, See Back of Form	For	Instructions.	See	Back	of	Form
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SCHEDULE

A MONETARY
(Rev. 12/13) RECEIPTS

## CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FUND- RAISER INCOME
5/1/14	ID# CK#	BECKY BOWDEN 2219 LINCOLN AUE KEOKUK, IA 52632	FRIEND	3 40 /	
5/1/14	ID# CK#	JOHN PEACHER MELODY CRT KECKUK, IA 52632	FRIEND	25.00	
5/1/4	CK#	DEBBIE DAUGHTRY 2936 SUNSET TEFF KEOKUY TA 52632	FRIEND	50.00	
5/1/14	ID#	MARGARET SHIBLEY 2128 PARK LANE KEDKUK, IA 52632		50,00	
5/1/4	ID# CK#	HARLAN CRANDALL 2128 PARKLANE KEOKUK, IA 52632	FRIEND	50.00	
5/1/14	ID# CK#	TRENE COLLINS 2606 DECATUR KEOKYK, IA 52632	FRIEND	50.00	
	ID# CK#				
			SUB-TOTAL	\$ 250,00	

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(for Schedule A)

TOTAL (if last page of this schedule)

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Reset Form	H
CONTRACTOR OF THE PARTY OF	

#### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE  B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

OMMITTEE N	AME (Must be san	ne as on Sta	tement of Org	anization)	
Chris	SDANN	FOR	LEE	County	REAS

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK# 100-3	Southside	Rental	\$ 150.
	ID#	Boat Club. PR		- / - 0 /
	CK# 1004	Adoraft 309 5th Ave SE	Brochures	139,10
	ID#	Ced 52401	0 1	
	CK# 1005	KOKX Ads	Ads	200.00
	1D#		2 . 1 0	
	CK# 1006	Bill Mitchell 916GRAND AUS KEOKUK, TA 53632	CREDIT CARD Signs	525.
	ID#	KBKB		10-05
	CK# 1007	BURLINGTON, TAS	Signs	495.
	ID#			
	CK# 1008	Hy Vee GAS  3/11 MAIN St.  3KERLUK, IA 52630	GAS	46.00
	ID#			
	CK# 1009	KOKX 108 WASHING TON KEOKUK, IA 52632	Ads	258.00
	ID#	KEOKUK, IA 52632		06
	CK# 1010	Daily GATE City	Ads	216.00
		KEOKUK, TA	SUB-TOTAL	\$ 2029.1
		JXEUS	TOTAL (if last page of this schedule)	\$ /

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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Page	/	of	2	

Reset Form	4
CHESTON STATE OF THE PARTY OF	net l

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

,	SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
	CHECK THIS BOX IF			

Chris	SPANN -	FOR LEE County	TREAS	
DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK# ののの	LEE County Democrats 933 Agett Becky GAY FY, MADISON, IA 52627	REGISTRATION +	\$ 70,00
	ID# CK# 000	Hill Printing KEOKUK, Italia	Brochures	17,45
	CK# /0 //	Vista Print	Tee-Shirts	122.63
	ID# CK#			
	ID#			

THIS E	BOX	APPLIES	TO	CANDIDATES'	COMMITTEES	ONLY:
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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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SUB-TOTAL

TOTAL (if last page of this schedule)

(for Schedule B)

CK#